



State of Tennessee
Participant Enrollment Form
401(k) and 457(b) Plans

98986-01 & 02

Participant Information

Last Name	First Name	MI	Social Security Number		
Address - Number & Street			E- Mail Address		
City	State	Zip Code	Employer: TBR <input type="checkbox"/> UT <input type="checkbox"/> State <input type="checkbox"/>		
Home Phone	Work Phone	Date of Birth	Female <input type="checkbox"/> Male <input type="checkbox"/>		

Plan and Deferral Election

I elect to enroll and participate in the following plan(s) and authorize the state to deduct and defer the amounts shown. *Effective date must be at least 30 days after completion of the agreement. Deferral amount minimum is \$20.00 per plan, per month.*

<input type="checkbox"/> 401(k) plan	Deduct \$ _____	401(k) pre-tax from my gross per pay period salary.
<input type="checkbox"/> 401(k) plan ROTH	Deduct \$ _____	401(k) designated ROTH after-tax from my gross per pay period salary.
<input type="checkbox"/> 457(b) plan	Deduct \$ _____	457(b) pre-tax from my gross per pay period salary.
Effective ____ / ____ / 20____	Total: \$ _____	Department Name: _____ Paid: Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/>

Note: Your annual deferral cannot exceed the lesser of 100% of your eligible compensation or \$16,500 per plan for the 2010 calendar year. State and Higher Education employees may enroll in both plans. 401(k) Plan deferral may be eligible for employer match, subject to annual appropriation.

Investment Option Information - Please refer to your marketing communication materials for investment option descriptions.

401(k)	457(b)	Select Investment Options	Code
_____ %	_____ %	Allianz NFJ Large Cap Institutional *	INGALG
_____ %	_____ %	Calvert Income	CINCX
_____ %	_____ %	Columbia Acorn Z *	INGCAC
_____ %	_____ %	Columbia Midcap Value Z *	INGCMC
_____ %	_____ %	DFA International Value	DFIVX
_____ %	_____ %	Fidelity Contra Fund	FCNTX
_____ %	_____ %	Fidelity International Discovery	FIGRX
_____ %	_____ %	Fidelity Magellan Fund	FMAGX
_____ %	_____ %	Fidelity OTC Portfolio	FOCPX
_____ %	_____ %	Fidelity Puritan Fund	FPURX
_____ %	_____ %	Fidelity Retirement Government Money Market	FGMXX
_____ %	_____ %	Fidelity Small Cap Independence	FDSCX
_____ %	_____ %	ING Fixed Plus Account	AEF-FX
_____ %	_____ %	Invesco US Small Cap Value Fund - Class Y *	INGMSC
_____ %	_____ %	SSgA S&P 500 Index Fund - Class II	SV-SPC
_____ %	_____ %	Regions Bank	UP-UPB
_____ %	_____ %	Vanguard Total Bond Market Index	VBTIX
		<i>Vanguard Target Date Funds</i>	
_____ %	_____ %	Vanguard Target Retirement Income	VTINX
_____ %	_____ %	Vanguard Target Retirement 2010	VTENX
_____ %	_____ %	Vanguard Target Retirement 2015	VTXVX
_____ %	_____ %	Vanguard Target Retirement 2020	VTWNX
_____ %	_____ %	Vanguard Target Retirement 2025	VTTVX
_____ %	_____ %	Vanguard Target Retirement 2030	VTHRX
_____ %	_____ %	Vanguard Target Retirement 2035	VTTHX
_____ %	_____ %	Vanguard Target Retirement 2040	VFORX
_____ %	_____ %	Vanguard Target Retirement 2045	VTIVX
_____ %	_____ %	Vanguard Target Retirement 2050	VFIFX
		<i>* Indicates separate account funds offered through ING</i>	
Total	%	<i>Percentages must be whole numbers and columns must add up to 100%</i>	

Last Name	First Name	MI	Social Security Number
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Investment Options - I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and upon redemption, shares may be worth more or less than their original cost. I understand that I may obtain current prospectuses from my registered representative or online. The State of Tennessee shall be liable only to pay amounts equal to that which would have been available under the products or contracts described above and shall not be responsible for any loss due to the investment of funds and assets in said Deferred Compensation Plan account, nor shall the State of Tennessee be required to replace any loss whatsoever which may result from said investments. I acknowledge that investment option information, include prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

List beneficiary(ies) below. If you are participating in both plans, the below beneficiary elections will apply to both plans, unless you complete separate beneficiary change forms. Designated percentages must be whole numbers and must add up to 100% for primary and 100% for contingent beneficiaries.

Primary Beneficiary Name(s)	Relationship	Social Security Number	Date of Birth	Designate Whole Percentage
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Contingent Beneficiary Name(s)	Relationship	Social Security Number	Date of Birth	Designate Whole Percentage
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Plan Beneficiary Designation

This designation is effective at the time it is recorded into my account by the State's record keeper, Great-West Retirement Services. I have the right to change the beneficiary election. If any information is missing, additional information may be required prior to recording my beneficiary designation. Under the terms of the Plan Document, if I name more than one beneficiary in either category, the surviving beneficiary(ies) in that category will share equally, unless otherwise indicated. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid first to an existing spouse, and if there is none, to my estate. If designating a minor beneficiary, I will note the name of the guardian or parent, if other than myself. Designated ROTH, 401(k) and 457 deferrals are subject to different distribution limits.

Participation Agreement

I have received a copy of the Deferred Compensation Plan and understand the terms and provisions thereof.

The Deferred Compensation Plan is incorporated into this Participation Agreement and that these together constitute my entire rights and obligations under the Plan.

This form is a legally binding contract - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan(s) specified on the first page of this form. I understand that this account is subject to the terms of the Plan Document.

Account balances shall only be distributed under the terms of the Plan Document, which prohibits any payouts as long as I continue in employment with the State except in the case of financial hardship as defined by applicable 401(k) plan regulations or at age 59 1/2. Special penalty and limitations may apply to 401(k) distribution and designated Roth 401(k) deferrals. Limits on 457 hardships are more restrictive than 401(k). Requirements vary by plan.

Compliance with the Internal Revenue Code - I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Internal Revenue Code. I understand that it is my responsibility to monitor my total annual limit on contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or cost that may be incurred. I understand that Federal income tax is deferred on allowable pre-tax contributions and the earnings thereon, until such amounts are distributed. I understand that Roth 401(k) contributions, earnings, and distributions are treated differently.

I understand that in the event my Participant Enrollment form is incomplete, or it is not received by Benefits Administration in Nashville, Tennessee prior to the receipt of any deposits, I consent to Great-West retaining all monies received and allocating them to the default investment option which is selected by my Plan. Once my account has been established, I understand that I must call KeyTalk in order to transfer monies from the default investment option. Also, I understand all contributions received after my account is established will be applied to the investment options I selected. I also understand that it is my obligation to review my confirmations and quarterly statements and inform Great-West of any discrepancies or errors within 90 calendar days of the date of such confirmation or statement.

Plan Fees - I understand that fees may apply under this plan. The fees vary by fund, and can be found on the IOAG performance sheet or by visiting the State's website.

401(k) and 403(b) share a single contribution limit of \$16,500 for 2010 - I understand that I am responsible for any excess contributions and taxes thereon.

Required Signature - I have completed, understand, and agree to all pages of this participant enrollment form.

Participant Signature: _____ **Date:** _____

This Participant Enrollment form is considered unsolicited unless accompanied by a signed Participant Suitability Profile form completed in the presence of a GWRS Equities, Inc. Registered Representative during a one-on-one meeting.

☐ Solicited. Representative met with individual participant to solicit Plan enrollment and hasied suitability of the participant's investment allocation per the Participant Suitability Profile form. (Representative and Principal must sign and check box for solicited business only, and must be accompanied by a completed and signed Participant Suitability Profile form.)

Registered Representative Signature Date

Registered Principal Signature Date

For more information regarding the 401(k) and 457 plans, visit: www.tn.gov/treasury/dc or call Great-West Retirement Services at 1-800-922-7772, Option 2

Send Completed Forms to:
Benefits Administration
26th Floor Tennessee Tower
312 Rosa L. Parks Avenue
Nashville, TN 37243

Higher Ed employees provide to your Institution.